

CAIS AM BLEIDLAIS DRWY'R POST

Ffurflen ar wahân i bob person. Dylech ffonio
01766 771000 os ydych angen cymorth i lenwi'r ffurflen.
Ysgrifennwch mewn **INC DU** ac mewn **PRIF LYTHRENAU**
os gwelwch yn dda.

1 Cyfeiriad ble rydych wedi cofrestru i bleidleisio

2 Amdanoch chi

Enw(au) cyntaf yn llawn

Cyfenw

Teitl (Mr, Mrs, Ms, Miss, Dr, Arall)

Rhif ffon yn ystod y dydd, rhif symudol neu e-bost (dewisol)

3 Ar gyfer etholiad(au) ar

Hyd yr hysbysir ymhellch

Ar gyfer etholiad(au) ar

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dydd	Mis	Blwyddyn		

Ar gyfer etholiad(au) hyd

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dydd	Mis	Blwyddyn		

4 Pleidlais bost ar gyfer pa etholiadau

Pob etholiad yr ydych â hawl i bleidleisio ynddo

Etholiadau Lleol a Seneddol yng Nghymru

Etholiadau Seneddol DU a Comisiynydd yr Heddlu

5 Cyfeiriad ar gyfer papurau pleidleisio

Y cyfeiriad lle rwyf wedi cofrestru i bleidleisio yn rhan 1 uchod

Neu

Y Cyfeiriad canlynol

Rheswm dros anfon papur(au) pleidleisio i gyfeiriad arall

6 Eich datganiad

Cyn belled ag y gwn, mae'r manylion ar y ffurflen hon yn wir a chywir.

Rhif Yswiriant Cenedlaethol - Dim ond ar gyfer etholiadau Seneddol a Comisiynydd yr Heddlu

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Er enghraifft (AA123456A)

Rheswm am fethu darparu Rhif Yswiriant Cenedlaethol?

Dyddiad Geni (Er enghraifft 05/06/1965)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Dydd Mis Blwyddyn
ARWYDDWCH y tu mewn i'r bocs isod gydag inc du

Application To Vote By Post

Only one form for each person. Please read the notes carefully before completing this form. If you need help filling in this form please phone 01286 679058
Please write in **BLACK INK** and **BLOCK CAPITALS**

1 Address where you are registered to vote

2 About you

First name(s) (in full)

Surname

Title (Mr, Mrs, Ms, Miss, Dr, Other)

Daytime or mobile telephone or email (Optional)

3 For how long do you want a postal vote?

Until further notice

For election(s) on

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

For election(s) until

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

4 Postal vote for which elections

All elections you are entitled to vote at
Local elections and Senedd Elections
Parliamentary and Police and Crime Commissioner

5 Address for postal ballot paper(s)

My address where I'm registered to vote in part 1 above

or

The following address

Reason for sending ballot paper(s) to an alternative address

6 Your declaration

As far as I know, the details on this form are true and accurate.

National Insurance Number: Only required for Parliamentary and Police and Crime Elections

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

For example (AA123456A)

Reason for not providing National Insurance Number?

Date of birth (For Example 05/06/1956)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Day Month Year

Please **SIGN** in the box below using **BLACK** ink

Date of signing ____ / ____ /2024